SECTION 20. FEE RESOLUTIONS

20.26 HEALTH DEPARTMENT

A. PURPOSE. To establish public health service fees in order to expand existing public health services to the community at large.

B. PRIMARY CARE SERVICES.

- (1) Acute/Episodic Illness Primary care services will be charged on a fee-forservice basis not less than the prevailing Medicaid rate, nor more than the prevailing Medicare rate. The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the State Medicaid rate. Medicaid identification will be accepted as full payment in lieu of charges.
- (2) Family Planning The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the State Medicaid rate. Medicaid identification will be accepted as full payment in lieu of charges.
- (3) Well Child Services The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate not less than the prevailing Medicaid rate. Medicaid identification will be accepted as full payment in lieu of the fee.
- (4) School/Day Care Physicals A one-time service, \$25.00 per physical. (A limited visit which fulfills the basic requirement of the School System or a Day Care Center. Lab tests and/or other services performed beyond the basic requirement will be charged for separately.)
- (5) Maternity Services All clients who are presumed eligible will receive continued prenatal care through delivery and postpartum care. Those clients who are denied active Medicaid and wish to continue receiving services will enter into a contract for the amount of \$1,500 which includes prenatal acute care visits, prenatal established visits, delivery and up to two (2) postpartum visits. Those clients with insurance coverage will assign benefits to the CHD.
- (6) Dental Clinic The fee is based on the Medicaid rate. Seminole County residents who do not meet the requirement of being "active Medicaid", up to the age of 21 years or pregnant (using Medicaid Services), can be screened through Community Assistance for dental services at this clinic.
- (7) Lead Screening The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB guidelines. The fee group will be applied to the rate established by the State Medicaid program. Medicaid identification will be accepted as full payment in lieu of charges.
 - (8) Blood Specimens Chemistries Only Actual Cost plus per visit specimen drawing and handling fee of \$15.00



(9)	•	••	\$14.10 \$49.09
(10)	* The client eligib OMB	fee will be derived by considering the sliding fee group which is calculated at ility determination, based on Federal Guidelines.	\$43.00 (or less*) \$13.00
(11)	Pregr	nancy Test – under Age 19	No Charge
(12)			\$20.00
(13)	Thin-	Prep PAP laboratory test	\$25.00
(14)	PAP	only – office visit	\$40.00
(15)	inforn	nation to school physical form with	\$13.00
(16)	Admi	nistration Fee - Injectable Medications	\$15.00
COM	MUNIT	Y PUBLIC HEALTH SERVICES	
(1)			No Charge
(2)		` , .	No Charge
(3)		` ,	\$30.00
(4)	Tube	rculosis (TB) Symptom Assessment	
	(a)	By nurse for previous positive reactors	\$25.00
	(b)	I-693 Forms for Immigration	\$10.00
(5)	Quan	tiferon Gold TB Test	\$55.00
	(10) (11) (12) (13) (14) (15) (16) COM (1) (2) (3) (4)	(10) Pregrate The client eligibout OMB Pregrate (11) Pregrate (12) Natural (Heal (13) Thin-(14) PAP (15) Office information doctor (16) Admit COMMUNIT (1) Tube sympate (2) Tube confination (3) Tube nurse (4) Tube (a) (b)	HSV I Type 1 (10) Pregnancy Test - Nurse Consultation * The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB Guidelines. Pregnancy Statement (11) Pregnancy Test – under Age 19 (12) Natural Childbirth Classes (Healthy Start Clients) (13) Thin-Prep PAP laboratory test (14) PAP only – office visit (15) Office visit for transfer of child physical information to school physical form with doctor's signature. (16) Administration Fee - Injectable Medications COMMUNITY PUBLIC HEALTH SERVICES (1) Tuberculosis X-ray for suspected, confirmed or symptomatic contact or case (2) Tuberculosis (TB) Sputum Culture for suspected, confirmed or symptomatic contact or case (3) Tuberculin (TB) Skin Test, with reading and nurse assessment. (4) Tuberculosis (TB) Symptom Assessment (a) By nurse for previous positive reactors (b) I-693 Forms for Immigration



(6) Sexually Transmitted Diseases

(a)	The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied
	to the rate established by the State Medicaid
	Program. Medicaid identification will be
	accepted as full payment in lieu of charges.
	Patients referred by the Disease Intervention
	Specialist for initial testing may be charged.

(b) Flat fee (excludes medication)
STD screening tests including: Syphilis, HIV,
Hepatitis (A, B and C), Chlamydia and
Gonorrhea for asymptomatic clients.

\$45.00

(c)	Cryo Wart Removal (Flat fee)	\$45.00
(0)	, ,	•
	Plus: One (1) Wart	\$10.00
	Two (2) to Five (5) Warts	\$20.00
	Six (6) to Ten (10) Warts	\$40.00
	Ten (10) or more Warts	\$90.00
	Follow-up exam and treatment	\$25.00

(7) Testing for HIV I Antibodies

(a) For Health Department Clients with eligibility card:

For counseling, testing and results within the normal time period (State Lab per sliding fee scale)

No Charge to \$20.00

For counseling, testing and results within three (3) working days
Private Lab

\$40.00

(b) For Health Department Clients without eligibility card:

For counseling, testing and results within the normal time period (State Lab)

\$20.00

For counseling, testing and results within three (3) working days

Private Lab \$40.00



- (8) Immunization services for children and adults including international travel consults and vaccinations, recommended adult immunizations, form completions and replacements:
 - (a) (i) Flat Fee: Prevailing vaccine cost which does not exceed the lesser of either the highest current manufacturer or distributor price plus administration fee rounded up to the nearest whole dollar.
 - (ii) Administration Fee:
 Influenza and Pneumococcal Vaccines \$15.00
 Other Vaccines \$25.00
 - (b) Travel Consult Fee (a minimum of ten (10) minutes of consult time and printed travel information regarding disease prevention; fee waived for additional family members when seen together.) \$45.00
 - (c) Administrative Form Replacement Fee
 (Yellow Fever Certificates, Form
 DH680 Certification for School Entry,
 Form DH681 Religious Exemptions, etc) \$5.00
 - (d) Administrative Fee to complete forms required for college entry (original or replacement) \$5.00
- (9) Immunizations
 - (i) Recommended for children 2 months through 18 years eligible for Vaccines For Children Program

No Charge

(ii) Required for school/daycare entry through 18 years

No Charge

(10) Laboratory Services: Prevailing lab cost plus blood drawing or urine collection fee.

Blood Drawing or Urine Collection Fee: \$15.00



(11) Class/Seminar attendance registration
Per person charge for health care, social
work and counseling employees

HIV 501 Update	\$10.00
HIV 500	\$15.00
HIV 501	\$60.00

D. VITAL STATISTICS:

(1) Birth Certificates:

	County Fee State Fee pursuant to Section 382.025, FS (Surcharge for Certificates Issued by	\$10.00
	Local Registrars) State Surcharge, Child Welfare Training	\$ 2.50
	Trust Fund Total Fee for Birth Certificates	\$ 1.50 \$14.00
(2)	Additional Copies	\$8.00
(3)	Protective covers	\$3.00
(4)	Death Certificates - Certified Copy	\$10.00
(5)	Additional Copies	\$5.00
(6)	Fee to Expedite	\$10.00

E. MEDICAL RECORDS:

(1) Copying of Medical Record (per page) 50 cents

F. PUBLIC RECORDS:

(1) Copying of Public Record (per page) 25 cents

- **G. ENVIRONMENTAL HEALTH SERVICES:** The following Environmental Health fees are hereby adopted as authorized by State of Florida Administrative Code or Policy, unless otherwise indicated.
 - (1) Water

(a)	Health Department Laboratory analysis per sample	\$20.00
/l= \	Observiced according to a site of ele	

(b) Chemical sampling per site visit
State Fee \$60.00
County Fee \$10.00
Total \$70.00



(c)	Chemical sampling per site visit for Delineated areas State Fee County Fee Total	\$60.00 <u>\$10.00</u> \$70.00
(d)	Combined chemical/microbiological Sample visit State Fee County Fee Total	\$70.00 <u>\$10.00</u> \$80.00
(e)	Limited use public water system annual operating permit State Fee (Initial) County Fee Total	\$90.00 <u>\$20.00</u> \$110.00
	State Fee (Renewal) County Fee Total	\$90.00 <u>\$20.00</u> \$110.00

*Note: The Seminole County Health Department will charge no drinking water fee without authority to do so by Statute or rule.

(2) Swimming Pools and Bathing Places

(a)	Annual operating permit - up to and Including 25,000 gallons County Fee Total	\$125.00 <u>\$ 35.00</u> \$160.00
(b)	Annual operating permit - more than 25,000 gallons County Fee Total	\$250.00 <u>\$ 75.00</u> \$325.00
(c)	Late fee - (on permits paid after June 30) County Fee	\$50.00
(d)	Re-inspection Fee per each re-inspection County Fee	\$25.00
(e)	Variance Applications	\$25.00
(f)	Exempted Condo Pools State Fee County Fee Total	\$50.00 <u>\$20.00</u> \$70.00



Septic Tanks (Onsite Sewage Treatment and Disposal Systems) (OSTDS) (3)

(a)	New septic tank State fee pursuant to Chapter 64E-6, F.A.C. County Fee Total fee for standard or filled septic tank	\$350.00 <u>\$ 50.00</u> \$400.00
(b)	Septic Tank Modification(s) State fees pursuant to Chapter 64E-6, F.A.C. County Fee Total fee for Septic Tank Modification(s)	\$330.00 <u>\$ 50.00</u> \$380.00
(c)	Septic tank repair permit State fee pursuant to Chapter 64E-6, F.A.C County Application Fee Total fee for septic tank repair permit	\$300.00 <u>\$ 35.00</u> \$335.00
(d)	Re-inspection fee per each non- compliance re-inspection County Fee State Fee pursuant to Chapter 64E-6, F.A.C. Total	\$25.00 <u>\$50.00</u> \$75.00
(e)	Septic System Abandonment Permit State Fee County Fee Total	\$50.00 <u>\$40.00</u> \$90.00
(f)	Variance Application for a Single Family Residence per each lot or building site State Fee County Fee Total	\$200.00 <u>\$ 50.00</u> \$250.00
(g)	Variance Application for a Multi-family or Commercial building per each building site State Fee County Fee Total	\$300.00 \$ 50.00 \$350.00



(h)	Onsite Sewage Consultation Fees and Field Work Requests Not Related to Formal Permitting			
	(i)	Plan Review County Fee	\$50.00	
	(ii)	Soil Profile Fee County Fee	\$100.00	
(i)	Oper	Fees for Delinquent Onsite Sewage ating Permits Ity Fee	\$50.00	
(j)	State	ty Fee	\$55.00 <u>\$20.00</u> \$75.00	
(k)	Volur	ntary timed inspection	\$50.00	
(I)		Track Permitting Consultation for Modification & Existing Sewage	\$75.00	
(m)		Plan Review Small Site Plan, lopment Plan	\$35.00	
(n)	& Fin	Plan Review Site Plan, Preliminary al Engineering Subdivision (4 reviews) ews after 4)	\$150.00 \$ 35.00	
(o)		aged System Fee ity Fee	\$50.00	
(p)	State	ty Fee	\$ 75.00 \$ 25.00 \$100.00	
(q)	Annu State	ty Fee	\$25.00 <u>\$50.00</u> \$75.00	
(r)	for Pe State	ty Fee	\$100.00 <u>\$ 50.00</u> \$150.00	



(h)

SEMINOLE COUNTY ADMINISTRATIVE CODE

	(s)	Existi	ng System Evaluations	
		(i)	Inspected within last three (3) years State Fee County Fee Total	\$35.00 \$50.00 \$85.00
		(ii)	Not inspected within last three (3) years State Fee County Fee Total	\$ 85.00 \$ 50.00 \$135.00
(4)	Food	Service	Э	
	(a)	State	renewal of Annual Certificates Fee ty Fee	\$25.00 <u>\$ 5.00</u> \$30.00
	(b)	State	olic Beverage Establishment Inspection Fee ty Fee	\$30.00 <u>\$20.00</u> \$50.00
	(c)	Reins	pection Fee (1 st)	\$75.00
	(d)	State	al Permit – Adult Living Facilities Fee ty Fee	\$135.00 \$ 50.00 \$185.00
	(e)	State	al Permit – Schools Fee ty Fee	\$200.00 <u>\$ 90.00</u> \$290.00
	(f)	State	al Permit – Civic Organizations Fee ty Fee	\$190.00 <u>\$ 90.00</u> \$280.00
	(g)	State	al Permit – Detention Centers & Jails Fee ty Fee	\$250.00 <u>\$ 40.00</u> \$290.00

\$40.00

\$15.00

\$55.00

Food Service Plan Review

Total/hour (1 hour minimum)

County Fee

State Fee/hour (1 hour minimum)



(5) Other Services

Other	her Services				
(a)	Tanning Facilities				
	Re-ins Coun	\$25.00			
(b)	Body	Piercing			
		spection fee per required re-inspection ty Fee	\$50.00		
(c)	Tatto	Establishments and Tattoo Artists			
	(i)	Tattoo Establishment License County Fee Total	\$200.00 \$ 50.00 \$250.00		
	(ii)	Tattoo Artist License County Fee Total	\$ 60.00 \$ 50.00 \$110.00		
	(iii)	Guest Tattoo Artist Registration (Appearing at fairs, festivals or other limited time events): County Fee Total	\$35.00 \$50.00 \$85.00		
(d)	Rabie	es test (low-risk species)	\$100.00		
(e)	Group				
	(i)	Residential Group Home(s) Voluntary request for inspection - County Fee	\$50.00		
	(ii)	Adult Living Facilities General sanitation inspection as required by Agency for Health Care Administration - County Fee	\$50.00		
	(iii)	Day Care Centers Annual general sanitation inspections - County Fee	\$50.00		
(f)	Foster Homes				
	(i)	Annual environmental health inspection County Fee	\$75.00		
	(ii)	Foster Home Reinspection	\$25.00		



Н.

SEMINOLE COUNTY ADMINISTRATIVE CODE

(g)	Schools: Semi-annual environmental health inspection of school facilities (Annual Fee) County Fee	\$100.00
(h)	Housing and Public Buildings Adult Entertainment Light meter reading	\$50.00
(i)	Indoor Air Inspection	\$60.00
(j)	Any inspection mandated by State not set forth in paragraph (5)	\$50.00
AUTHORITY. Resolution 2004-R-23 adopted February 10, 2004 Resolution 2006-R-130 adopted June 13, 2006		

Resolution 2006-R-213 adopted September 26, 2006 Resolution 2007-R-170 adopted September 25, 2007 Resolution 2008-R-219 adopted September 23, 2008 Resolution 2009-R-191 adopted October 13, 2009 Resolution 2010-R-196 adopted September 28, 2010 Resolution 2011-R-1 adopted January 11, 2011 Resolution 2011-R-187 adopted October 11, 2011 Resolution 2012-R-164 adopted September 11, 2012